

# COMMUNITY

## Soldiers praise Medical Holdover

Story and photos by  
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*Mountaineer staff*

Medical Holdover is a voluntary program for demobilizing National Guard or Reserve Soldiers who have unresolved medical issues. These Soldiers have served more than 30 days' active duty have 180 days in the Transition Assistance Management Program after demobilizing.

During Medical Holdover, Soldiers must go to all their scheduled medical and therapy appointments and, if medically able, must work at the federal facility to which they are assigned. The average stay of a National Guard or reserve Soldier in Medical Holdover is 130 days.

Case management sets up a medical plan of care, and then the Soldier is assigned employment. Job placement is coordinated between Medical Holdover and Command Sgt. Maj. Joseph Van Dyke, Fort Carson Garrison.

"We assign them employment commensurate to their rank and abilities — and based on their (medical) profile," said 1st Sgt. Karin Osburn, Medical Retention Processing Unit, 651st Area Support Group.

Many National Guard and reserve Soldiers say that the Medical Holdover program has been beneficial — they receive better medical care than before they joined the program, and it helps

them to have employment and an income while their medical issues are being resolved.

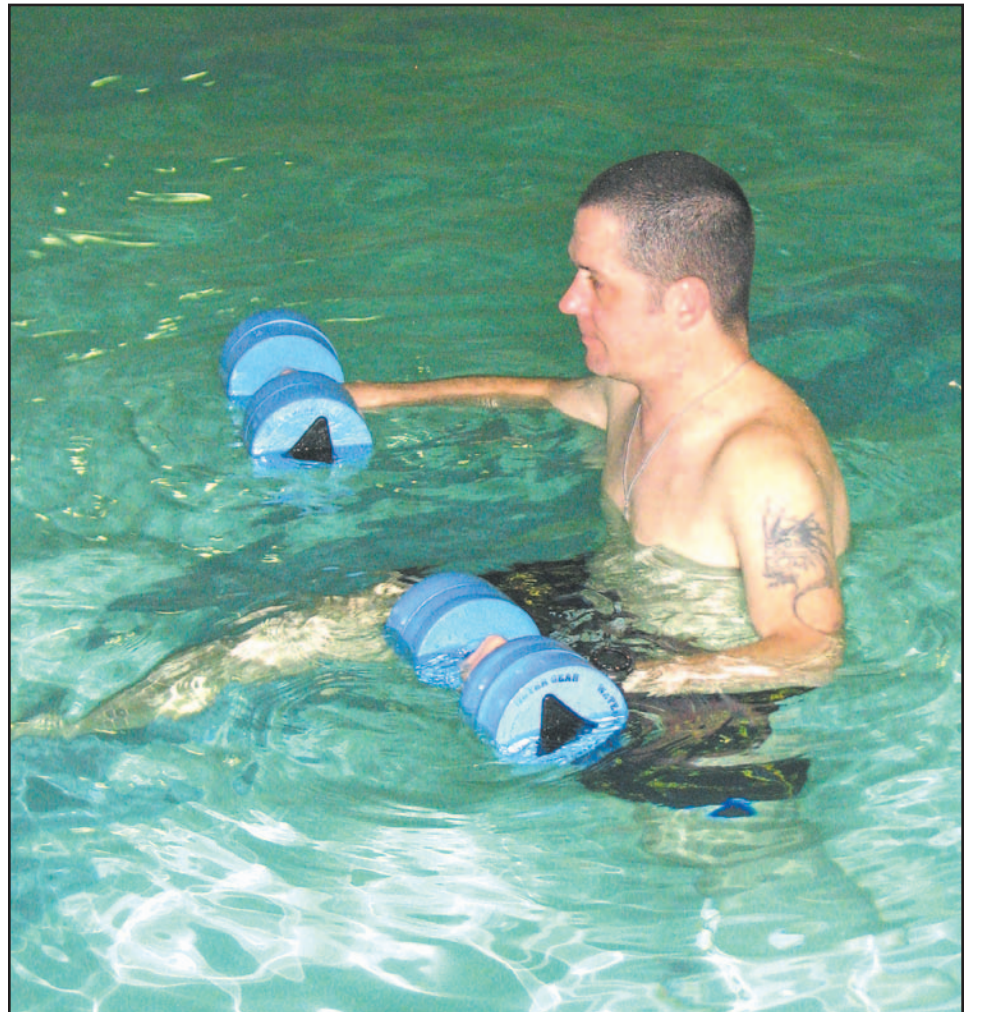
Sgt. Richard Rhodes is in the Missouri National Guard. Deployed to Afghanistan in October 2005, Rhodes was injured in two separate improvised explosive device blasts. The first time, his company was ambushed by the Taliban in a watti (dry creekbed) early 2006.

"It (the blast) blew me around like a pinball, knocked me back and forth. Medics told me I was unconscious for a while," Rhodes said. The explosion left him "shook up and out of it" and over the next few days he was incoherent and had severe headaches. Medics gave him Ibuprofen and he continued fighting the war.

The second time, in Farah, the IED explosion launched him out of his Humvee; he landed on his head. Again, medics gave him Ibuprofen.

"I kept having severe headaches and couldn't sleep; I was having nightmares about the IED attacks. Since I was about to redeploy, I didn't want to get hung up with paperwork; I wanted to get home," Rhodes said.

When he redeployed in August 2006, doctors discovered he had swelling on the brain and short-term memory loss. He was diagnosed with traumatic brain injury and degeneration of the discs in his neck. Rhodes said his blood pressure "kept soaring"



*Sgt. Craig Andreas, a reservist, uses Styrofoam dumbbells during water therapy, physical therapy, March 29, taught by an instructor from EACH, at the Fort Carson Indoor Pool.*

and he frequently broke out in a sweat and his neck "kept tightening up." Soon he was also diagnosed with post-traumatic stress disorder.

"I don't know where I would be without Dr. Kenneth Delano (clinical psychologist), and the psychology team at Evans (Army Community Hospital). They are unbelievable," Rhodes said. He spent eight weeks doing physical therapy and cervical traction and has received epidural steroid injections. When he first returned from Afghanistan, Rhodes was skeptical about Medical Holdover and seeing a psychologist, but his opinion has changed.

"I do not regret coming into this program. Commander Lt. Col. (Gaylene) Weber and other leaders are phenomenal. Dr. Delano is wonderful. I go to three groups he has recommended: post deployment, stabilization and healthy living. Combat Soldiers return (from theater) and talk about their situations. He (Delano) is trying to give us tools to work with — to get past our emotional issues. So far, so good," Rhodes said.

Spc. Keith Stambaugh, a reservist with the 423rd Transportation Company who lives in Colorado Springs, deployed in spring of 2006. He was injured Nov. 15, 2006, while riding in an uparmored Humvee, outside Talifar, Iraq. He lost his middle finger, part of his "ring finger" and "a huge chunk of muscle" from his right forearm. Stambaugh is right-handed.

After spending a week at Landstuhl Regional Army Medical Center in Germany, where he had several surgeries to "wash out" his arm, Stambaugh was redeployed to Fort Bliss, Texas, nine days after the attack. In January, he came to Fort Carson in the Medical Holdover program.

"It is much better here than it is at Fort Bliss — I'll tell you that. I went to occupational therapy every day for a while and I've had a steroid injection. I may have surgery to fix a torn tendon in my wrist. Dr. Patrick Devanny (hand and upper extremity surgeon with Colorado Springs Orthopaedic Group) is a good doctor," Stambaugh said. He appreciates the Medical Holdover program.

"They give more information here; they let you know what the medical board is all about," Stambaugh said.

Capt. Graham Dunn is a reservist and a Denver deputy sheriff. Currently, he is commander of the 423rd Transportation Company. He came on orders January 2003 and was deployed from November 2004 to July 2006. Dunn was in a vehicle accident in Iraq in August 2005. Both of his wrists were "snapped back" and he suffered trauma to his neck, but did not receive medical treatment.

"Basically, you just go on with mission: wrap the wrists, take Motrin seven days a week, 14 hours a day. It



*Pfc. Anthony Angelos, a Utah National Guard Soldier in Medical Holdover, receives assistance with physical therapy March 27 from Physical Therapist Staff Sgt. Chasity Mims, Evans Army Community Hospital, as he recovers from rotator-cuff surgery.*



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was miserable. I didn't realize the extent of the damage until redeployment," Dunn said.

He considers himself fortunate — he is left-handed, and his left wrist has been fine since the surgery. However, he has “permanent nerve damage” in his right wrist, and his thumb and middle finger are numb — probably for life, he said. Dunn has also had steroid injections in his right elbow; he may need surgery on his right wrist.

“Dr. Devanny is an outstanding doctor; Lt. Col. Weber and the rest make sure Soldiers get taken care of; and 1st Sgt. Osburn does an awesome job with the Soldiers,” Dunn said.

Dunn said that the Medical Holdover program is important. For instance, if a Soldier is trying to get back to his job as a truck driver, and he has to recuperate for three-six months from a surgery — he probably wouldn't still have a job waiting for him. The program keeps such Soldiers employed and part of a team, while also giving them medical treatment.

“Once I joined the program I was able to get the appointments I needed. The medical care we're getting is top-notch,” Dunn said.